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Country programme document

Belarus

Summary

The country programme document (CPD) for Belarus is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,465,000 from regular resources, subject to the availability of funds, and $4,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016-2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2015.

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Programme rationale

1. Belarus is an upper-middle-income country,[1] with a population of 9.5 million people, 1.8 million of them children (51 per cent boys, 49 per cent girls).[2] Economic growth has contributed to a significant reduction in income poverty, while maintaining a relatively high level of income equality (Gini coefficient 0.275 in 2014[3]), with minor regional disparities. Out of total households, the share of low-income households with children decreased from 16.1 per cent in 2005 to 7.1 per cent in 2014.[4]

2. Belarus has achieved most Millennium Development Goals. The country reduced infant and under-five[5] mortality rates, as well as maternal mortality. In 2014, infant mortality was 3.5 deaths per 1,000 live births (3.2 in urban and 4.4 in rural areas) compared with 7.1 in 2005 (6.0 and 10.0, respectively), while under-five mortality was 4.4 deaths per 1,000 live births (4.0 in urban and 5.6 in rural areas) as compared with 9.3 in 2005 (7.5 and 14.1, respectively).[6] The Government had made concerted efforts to maintain high levels of health care and immunization coverage and low rates of infant and under-five mortality, and to increase the survival rate (currently 75 per cent) of babies who are preterm and of low birth weight.

3. Almost 88 per cent of children 3-5 years old are covered by educational programmes (89.6 per cent urban, 82.5 per cent rural).[7] The country achieved universal primary education, and progress in expanding women's participation in decision-making and in promoting gender equality. From 2005 to 2014, its rank in the Human Development Index improved from 64 to 53.

4. Belarus experienced two economic crises, in 2009 and 2011, which slowed progress in poverty reduction. In early 2015, the national currency lost 45 per cent of its value, largely due to the devaluation of the Russian rouble and decreasing trade with the Russian Federation and Ukraine. Economic vulnerability is exacerbated by high external public debt and a 16.2 per cent inflation rate (2014).[8] Prices continue to increase for food, gas, health care and utility services, affecting living standards, particularly of families with children. An ageing population causes rising public pension and health care spending, and a recent "baby boom" is placing pressure on the preschool system. In addition, in 2014 Belarus received a significant inflow of people from Ukraine.[9]

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[1] Gross national income per capita was $6,730 in 2013 (Atlas method). http://data.worldbank.org/indicator/NY.GNP.PCAP.CD.

[2] Demographic Yearbook 2013.

[3] Government of Belarus, National Statistical Committee, (Belstat).

[4] Ibid.

[5] In cooperation with the United Nations Inter-agency Group for Child Mortality Estimation, Belarus authorities and UNICEF re-assessed some national Millennium Development Goal indicators. Subsequently, it was recommended to base estimates on infant and child mortality from 2005 onwards in the national registration data.

[6] Belstat.

[7] Multiple Indicator Cluster Survey (MICS) of the Situation of Children and Women in the Republic of Belarus (2012).

[8] Belarus in figures 2015.

[9] In February 2015, the United Nations Office for the Coordination of Humanitarian Affairs reported 80,841 of Ukrainian citizens seeking legal status in Belarus.

5. In 2014, of all low-income households, some 68 per cent were families with children.[10] The risk of poverty is higher for children with two or more siblings, children with disabilities (CWD), and children in single-parent households. Families are entitled to child cash benefits, pensions, targeted in-cash/in-kind social assistance, statutory labour (guarantees and privileges for people with children), housing, health care and other guarantees and privileges as well as social services. In the years ahead, Belarus faces the challenge of maintaining a social protection floor that can ensure accessibility and affordability of education and health and social protection services for vulnerable families with children.

6. Over 22 per cent of children live in single-parent families, the key determinants being family breakdown or death of a parent.[11] While labour migration, especially to the Russian Federation, brings in remittances, it also risks family disintegration, with potential negative impact on children. Alcohol and substance abuse contribute to disruption of families and also to children's exposure to neglect and abuse.[12] In 2014, as many as 22,131 children were recognized as "being in social danger" due to family "dysfunctionality".[13]

7. Systemic work is carried out to realize the right of children deprived of parental care to live in a safe and caring family environment. The share of these children living in residential care declined between 2005 and 2014, from 41.5 per cent to 19.7 per cent,[14] while adoptions, guardianship, foster families, and family-type children's homes are increasing: in 2014, 80.3 per cent (17,756) of children without parental care lived in such alternative arrangements. Progress was achieved in preventing institutionalization of children under three: the number fell from 1,302 residing in infant homes in 2005 to 716 at end-2014.[15] CWD and with special needs are among the most vulnerable to institutionalization, representing 70 per cent of children in infant homes and 54 per cent of children in other residential care institutions.

8. Domestic violence is widespread: in 2012, nearly 12 per cent of women aged 15-49 had experienced violence (physical, emotional, economic or sexual) at the hands of their husbands/partners.[16] Two thirds of children 2-14 years old were subjected to psychological or physical punishment by adults,[17] with the latter being higher for boys than for girls: 37.2 and 31.4 per cent, respectively.[18] The Government, civil society organizations (CSOs) and United Nations agencies seek to prevent violence and mitigate its consequences.

9. Late identification of at-risk families, lack of family-centred services, high prevalence of alcohol addiction and social acceptance of corporal punishment are the key bottlenecks to the realization of the right of children to be protected from violence, neglect and abuse and to grow up in a safe and caring family environment.[19] The limited capacity of service providers to detect, report and

[10] Ibid.
[11] MICS 2012.
[12] http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/blr.pdf.
[13] Statistical book, Offences in the Republic of Belarus, 2013.
[14] Belstat.
[15] Ibid.
[16] MICS 2012.
[17] Ibid.
[18] Ibid.
[19] Ibid.

address cases of abuse and neglect, as well as the weak inter-sectoral collaboration, leaves many vulnerable families unassisted. The best interests of children are not always a primary consideration for authorities in deciding on separation of children from their families, alternative placement arrangements or family dispute resolution.

10. Juvenile offending declined sharply, from 9,096 crimes in 2005 to 2,654 in 2014,[20] with 92 per cent of the latter considered "less serious" or "not posing a public danger". The range of measures not involving deprivation of liberty has increased and now includes educational measures, deferral of punishment, conditional sentences, and judgments without imposing a penalty. The proportion of juveniles sentenced to deprivation of liberty decreased from 18.5 per cent in 2007 to 16.4 per cent in 2014.[21] However, many children are still being registered through police inspections dealing with minors (16,900 children in 2014[22]) because they have offended or are considered at risk of offending. This practice uses loose criteria and leads towards their stigmatization and exclusion.[23]

11. Compliance with international juvenile justice standards is progressing, but more needs to be done. The 2012 national study "On the efficiency of preventive work among juvenile delinquents", conducted with UNICEF assistance, concluded that the system still places considerable emphasis on punitive measures. The main bottlenecks to juvenile justice development include lack of specialization in the judiciary to handle cases involving children, including child witnesses and victims, insufficient application of restorative mechanisms and out-of court dispute settlement models, poor use of mediation, and non-existence of the probation service.

12. It is concerning that in 2014, trauma and other external causes accounted for 25.5 per cent of deaths of children aged 0-17.[24] The fatality rate of boys is double that of girls.

13. Widespread alcohol and drug use poses a great threat to adolescents' health. While as many as 15,279 children and adolescents were registered by psychiatrist-narcologists in 2014 because of psychoactive substances use,[25] there is no reliable information on users. According to the MICS 2012, 15.4 per cent of young women and 12.5 per cent of young men aged 15-19 reported first consumption of alcohol before they were 15.[26] In 2014, a total of 29 children committed suicide, and 331 attempted suicide.[27] The risk of committing suicide is higher among young men, while suicide behaviours are twice as high among girls. Unsafe sexual behaviour often leads to increased risk of acquiring sexually transmitted infections, including HIV, and unwanted pregnancies: 1,323 pregnancies were registered among children 14-17 years old and 26 per cent were terminated[28] in 2014.

[20] Belstat.
[21] Ibid.
[22] Ibid.
[23] UNICEF, National study on preventive work with children in conflict with the law in the Republic of Belarus, 2012.
[24] Belstat.
[25] Ibid.
[26] MICS 2012.
[27] Belstat.
[28] Ibid.

14. The main bottlenecks to reducing such risks for adolescents are stigmatizing attitudes towards most-at-risk adolescents (MARA) and people living with HIV, insufficient knowledge and capacity among health and social workers to deal with MARA, lack of self-preservation skills among adolescents and the absence of positive civic engagement models, inadequate cooperation of state and non-state actors in providing age-appropriate services for MARA, and certain cultural beliefs.

15. There were 27,379 CWD (1.6 per cent of the child population) in 2014.[29] Families bringing up CWD are entitled to early interventions, day care, and special education and rehabilitation services. However, early detection and rehabilitation services for children at risk of acquiring disability are not uniformly available in rural and small towns. A determinant analysis, carried out according to the Monitoring of Results for Equity System (MoRES), showed that the lack of community-based support services prevents families from keeping children instead of placing them in residential care. Belarus has made significant progress in integrating children with special needs and disabilities into preschools and regular schools. However, the shift from integrated classes to inclusive schooling is just beginning. Children with disabilities still experience stigma and discrimination: more than two thirds of parents of preschoolers are opposed to their children being co-educated with children with special needs.[30] The barrier-free environment remains underdeveloped, preventing children with disabilities from full participation in education and socio-economic life.

16. The multi-country evaluation of results of the child care system reform[31] concluded that significant positive impact on the lives of children and their families has been achieved. However, it recommends to strengthen prevention of family separation focusing on young children and those with disabilities, to enhance cross-sectoral approaches and a continuum of standardized quality services for vulnerable families with children.

17. Belstat, with UNICEF support, pursued a systematic approach to generating evidence on child-related issues. Availability of data improved through the use of MICS 2012, TransMonEE and DevInfo. Surveys and determinant analyses informed the Government's multi-disciplinary plan to prevent child injuries, and the concept for a palliative care system for children. Despite notable progress, gaps still exist: data are lacking on drug and alcohol addiction and on Roma children; data on child morbidity and disability are not disaggregated by age groups; data on children deprived of parental care and in conflict with the law are not disaggregated by sex; and data on children with disabilities are inconsistent across ministries. Not all data are accessible to interested parties and the public, while capacity for in-depth data analysis needs strengthening.

Programme priorities and partnerships

18. The overall goal of the country programme is to support Belarus in closing equity gaps in the realization of children's rights and applying the principle of the

[29] Ibid.

[30] UNICEF, Assessment of the needs of families raising children with special needs and disabilities in Belarus, 2013.

[31] Multi-country evaluation of results achieved through child care system reform 2005-2012. UNICEF CEE/CIS Evaluation Report, 2014.

best interests of the child in national policy- and decision-making. The focus will be on the most disadvantaged among young children, CWD, children deprived of parental care, juveniles in conflict and in contact with the law, children and women survivors of violence, and adolescents.

19. The programme of cooperation will contribute to the priorities identified by the National Strategy for Sustainable Socio-Economic Development until 2030, the 2012-2016 National Plan of Action on the Improvement of the Situation of Children and Protection of their Rights, the 2016-2020 National Action Plan on Ensuring Gender Equality, the 2016-2020 State Programme on HIV Prevention, and the 2014-2018 Inter-sectoral Plan on Child Injuries Prevention.

20. The programme will support the Government and civil society in implementing the recommendations of the Committee on the Rights of the Child,[32] the Committee on the Elimination of Discrimination against Women, and of the Universal Periodic Review. It will provide an enabling environment for the ratification of the Convention on the Rights of Persons with Disabilities, and if that is ratified, will support the Government in its implementation.

21. The cooperation will also contribute to the achievement of the post-2015 Sustainable Development Goals, in line with UNICEF Strategic Plan 2014-2017. UNICEF will support five of the nine outcomes under the 2016-2020 United Nations Development Assistance Framework Strategic Areas: "Inclusive, Responsive and Accountable Governance" and "Sustainable Human Capital Development: Health, Education, Social Inclusion and Protection, Comprehensive Post-Chernobyl Development".

22. The previous programme of cooperation demonstrated that strategic partnerships remain necessary to improve the relevance, effectiveness and sustainability of reforms. UNICEF contributed to shaping views and leveraging resources in the best interests of children. For example, access to respite care services for families with CWD, and to palliative care for children with life-limiting diseases, increased through CSO engagement. Civil society involvement in HIV testing and counselling for MARA brought out innovations for reaching those hard to reach. UNICEF technical advice enabled central and local authorities to outsource services to CSOs.

23. Partners also learned that it is necessary to explicitly identify and represent vulnerable children in sector strategies and policies, especially for the allocation of human and financial resources, development of legislation, standards, and protocols, and results monitoring. Equally important is promoting a cross-sectoral vision of vulnerable children at policy level. The implementation of measures to improve adolescents' health demonstrated the importance of an integrated approach to age-specific challenges and risky behaviours. Adolescents' social and psychological problems, lack of meaningful civic engagement, emerging sexual and reproductive needs, and unfavourable family and social environment have an impact on adolescents' behaviour and can put them at risk. These risk factors are interdependent and need to be simultaneously addressed to achieve positive outcomes and build resilience. The convening role of UNICEF was recognized during the midterm review as a major asset in addressing multiple deprivations faced by the most vulnerable children.

[32] The next State party report to the Committee is due in October 2017.

24. Key programme strategies will include: making available state-of-the-art international and national expertise for a child-focused national development agenda, policies and legislation; forging a strategic partnership and effective mediation between state institutions and outreach services provided by CSOs; advising on innovations to close data gaps; generating evidence for informed decision-making; communicating for social change to promote child-friendly socio-cultural practices and beliefs; modelling innovative solutions and assessing cost-effective policy options; and providing technical assistance to develop the capacity of professionals. Programming will be risk-informed and will include aspects of disaster risk reduction. Foundational normative principles of the human rights-based approach, gender mainstreaming and environmental sustainability will be applied.

A safe, caring and supportive environment for children

25. This component aims to strengthen systems for resilience and coping mechanisms to better enable families to provide a safe and supportive environment for their children. This will reduce vulnerabilities and help to build the capacity of families to address multiple risks and deprivations, so that children can grow up without violence, neglect and abuse. The programme will assist the Government to strengthen synergies between education, health, social protection and law enforcement systems, so as to enable the early identification of families at risk, immediate response to parental neglect, and prompt assistance that considers individual family needs and the best interests of children. Working with CSOs and the private sector, the programme will focus on strengthening all components of the child protection and social protection systems: human resources, budgets, laws, standards, governance, monitoring and service quality.

26. The programme will promote an integrated approach to child development and continuity of care for children up to eight years of age, with special attention given to the first three years of life. Together with international development partners and CSOs, the programme will support young children's comprehensive development and protection as part of the National Early Childhood Development policy.

27. To support families to better care for their children, the programme will improve the quality of home visiting to reach young children at risk, assess their vulnerability to developmental delays, neglect, maltreatment and institutionalization; and it will link them with social protection and education systems, so as to enhance early and appropriate interventions. Using new technologies and communication strategies, UNICEF will promote behaviours for responsible parenting.

28. The component will develop monitoring instruments for more effective local planning, with a focus on identifying access barriers to early education services in rural areas and on making transition to school smoother. To this end, UNICEF will support the regular assessment of accessibility and quality of early childhood care and educational programmes.

29. Building on the strong Government commitment to keep children out of institutions, this component will help to further strengthen the integrated system of family support, prevention of separation of children from their biological families, and development of substitute family care. Professionalization of case management will remain a priority of UNICEF contribution. Special efforts will be made to strengthen gate-keeping mechanisms and foster care for children under three, and

the transformation of infant homes into medical and social services centres for families of CWD. Monitoring the situation of children in formal care will be strengthened by using internationally recognized and nationally tested indicators and methods.

30. The programme will promote a culture of zero tolerance towards violence, including corporal punishment, and support the development of a comprehensive national system to respond to domestic violence. This will benefit from the experience of UNICEF in working with the United Nations Population Fund (UNFPA) and the International Organization for Migration during the previous programme, in strengthening the capacity of social workers, healthcare providers, education professionals and police officers to prevent and counteract domestic violence. It will use a tested model of inter-sectoral collaboration at local level and continue public awareness campaigns on domestic violence. Following the amendment of the law "On Basic Activities Aimed at Offence Prevention" to promote protection orders and assist victims and witnesses, a law on prevention of domestic violence will be developed, stipulating wider access of survivors to health, legal, psycho-social and community support services.

Realizing the rights of children with disabilities

31. Children with disabilities face multiple deprivations throughout their lives. This programme component will assist the Government in transforming and improving services to make them more accessible to CWD, and it will also strengthen the following areas: the early detection of developmental delays, health care, rehabilitation, learning, education, vocational training and social protection. Such services should be inclusive to address the specific needs of CWD and to prevent their segregation. UNICEF will work with the Government to enhance a national system of early detection, intervention and rehabilitation which also gives parents an active role.

32. Recognizing the burden of injuries and resulting disability, a system of child injury prevention will be further developed by enhancing coordination among sectors, improving monitoring and analysis of data, and increasing parents' knowledge and skills related to safe-living environments.

33. This component will work with the Government and CSOs to ensure greater visibility for CWD. Discrepancies among data systems on CWD run by education, health and social protection systems will be addressed. The International Classification of Functioning, Disability and Health will be integrated into the national health care system and will be reflected in revised criteria for eligibility of benefits and services.

34. Increasing access to inclusive education close to their homes will prevent CWD from being separated from their families, give CWD an opportunity to continuously interact with their peers, and help to build an inclusive society. UNICEF expertise will enable the development of an inclusive national education system regulatory framework which will set criteria and standards for inclusive schools and promote inclusive education through communication, capacity development, technical assistance and leveraging of resources.

35. This component will help the Government to reduce stigmatization of CWD by supporting positive attitudes towards them, especially in preschools and schools,

through implementation of a comprehensive communication strategy. The programme will work with civil society and international development partners to promote social inclusion of CWD and to make them and their parents active agents of social change in this area. UNICEF will support the health, education, labour and social protection systems in their efforts to shift from a medical to a social model of disability, and will continue to facilitate the dialogue between the education sector, other ministries and CSOs. Considering that disability is the main reason for child's institutionalization, this programme will link with the first component above on strengthening family support systems.

An enabling social environment for the resilience and meaningful participation of adolescents

36. Tackling risk factors and promoting a healthy lifestyle among adolescents will be key to the reduction of smoking, alcohol abuse, drug use and juvenile delinquency. This component will support behaviour change aimed at building adolescents' resilience so that they can avoid risk factors detrimental to their health. It will help them to avoid becoming in conflict with the law, while creating an enabling environment for their meaningful participation in society.

37. In partnership with CSOs, the programme will support ministries to address the needs and demands of adolescents for mental and reproductive health services. Promotion of HIV testing and counselling and the institutionalization of HIV express-testing for MARA will also remain priorities. UNICEF and UNFPA will continue to collaborate on improving the quality of services provided in Youth-Friendly Health Centres (YFHC) established during earlier country programmes. The YFHCs certification system will be systematized, and, in order to ensure that services are tailored to the needs of MARA, the programme will work with the most disadvantaged adolescents on design, implementation and evaluation of services. The component will contribute to the integration of youth-friendly principles and practices into the primary health care system.

38. Based on the successful experience in modelling youth-friendly health services, integration of peer education in the secondary education system, and promotion of counselling for MARA, UNICEF will mobilize expertise to model sustainable youth-friendly and gender-sensitive psycho-social service delivery, innovation-based social monitoring tools and healthy lifestyle social networks. To this end, cooperation across sectors and among governmental and civil society partners will be essential. UNICEF will initiate policy dialogue and promote the role of CSOs in providing services for MARA.

39. The programme will strengthen the voice of children and adolescents so that they are heard and their views given due weight and respected systematically in all decisions affecting them. The development of a conducive environment for meaningful participation will be given greater priority, together with the development of communication, negotiating and problem-solving skills of adolescents. Adolescents will be encouraged to help with monitoring relevant policies and the quality of services.

40. This component will also support the Government in adjusting national legislation so that it conforms to international standards in relation to children in conflict with the law and to the United Nations common approach to justice for children. UNICEF will contribute to further specialization in the justice system,

expanding the range of alternatives to deprivation of liberty, and to the introduction of mediation and probation services for children in conflict with the law. CSOs will be valuable partners within local communities for rehabilitation work with children in conflict with the law, child victims and witnesses of crimes. The programme will support the introduction of specialized child-friendly procedures for interviewing children in civil, administrative and criminal procedures. UNICEF will also provide technical support for the reintegration of children who have committed an offense, while in detention or in alternative programmes and after the sentence or measure has ended.

Monitoring, knowledge generation and alliance-building for child rights

41. This programme complements the other components in that it seeks to strengthen the country's capacity to monitor child rights, analyse the situation of children and undertake evidence-based actions that are focused on the most disadvantaged children and supported by adequate budgeting, monitoring systems and results assessment tools. To facilitate knowledge generation, UNICEF will invest in research, paying due attention to the interests, concerns and participation of key Government ministries and CSOs.

42. The component will invest in harmonizing social statistics on children across sectors and ministries. It will support Belarus to have, by 2020, an innovative data portal on key child-related statistics that is aligned with international standards and methodologies in data collection and analysis. UNICEF will facilitate the access of national partners to expertise and innovations to better harmonize current datasets. The aim is to have a user-friendly, real-time child rights monitoring and reporting system to better identify and address inequalities.

43. The programme will work with CSOs to promote stronger and more meaningful mechanisms for monitoring children's rights and complaints, in line with the Principles relating to the Status of National Institutions (the Paris Principles) adopted by the General Assembly in its resolution 48/134 of 20 December 1993. Opportunities will be pursued for stakeholders to learn internationally recognized best practice, including the establishment of an ombudsperson for children's rights. The component will also support relevant Government institutions and CSOs to develop systems for following up on the Concluding Observations of the Committee on the Rights of the Child, and incorporate the adopted new measures and their monitoring into national plans and programmes.

44. As development is increasingly driven by local communities and governments, this component will continue to support the scaling up of the Child-Friendly City initiative in Belarus, aimed at creating an environment conducive to children's participation and enhancing effectiveness of local planning and budgeting. The programme will support analysis of budget allocations and local spending. UNICEF will strive to create consensus around the benefit of investing more resources in children, using the central and local government budgets as tools, in order to achieve sustainable equitable progress in the realization of children's rights.

45. Alliances with civil society will be critical to engage the public in the progressive realization of children's rights. UNICEF will increasingly facilitate partnering with new actors in the fields of technology and social media to reach wider audiences, including Parliamentarians, academic and research institutions,

youth organizations, associations of parents, celebrities and media. UNICEF will work with partners to explore involving the private sector more closely in corporate social responsibility, in line with Children's Rights and Business Principles, promoting the prioritization of child rights among private companies and seeking their support. Sensitization will take place on key priorities, such as child rights, CWD and positive parenting.

46. The country programme will contribute to strengthening cooperation with international development partners to place children's rights at the top of their agenda for Belarus. UNICEF will support the evaluation and documentation of good practices and lessons learned in Belarus, as a contribution to the realization of children's rights beyond Belarus borders. It will also promote cooperation with other countries, between institutions and among experts. Opportunities for subregional programmes will be explored with neighbouring countries.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
A safe, caring and supportive environment for children	1 210	1 000	2 210
Realizing the rights of children with disabilities	884	1 200	2 084
An enabling social environment for the resilience and meaningful participation of adolescents	1 233	1 300	2 533
Monitoring, knowledge generation and alliance-building for child rights	1 138	500	1 638
Total	**4 465**	**4 000**	**8 465**

Programme and risk management

47. The CPD outlines the UNICEF contributions to national results for children. It serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to the country programmes are prescribed in the organization's programme and operations policies and procedures, and the internal controls framework.

48. The main risk to achieving the planned results is linked to the uncertainty of having adequate resources, especially in an environment of austerity following the recent economic downturn in Belarus. UNICEF aims to leverage resources for children by strengthening partnerships with multiple civil society and private stakeholders and international development partners.

49. Together with other United Nations agencies, UNICEF will be conscientious in its implementation of the policy on the harmonized approach to cash transfers (HACT) and will prepare and implement HACT assurance plans. The business continuity and risk-management plans will be updated. Emergency preparedness is a management priority.

Monitoring and evaluation

50. The improvement of child rights monitoring will continue to be a high priority. In close collaboration with the Government, the monitoring of bottlenecks will be intensified, building on the successful introduction of the determinant-analysis methodology during the preparation of the 2014 Situation Analysis.

51. The findings of research, surveys and evaluations will feed into midyear and annual reviews, gender and thematic assessments, and situation analysis updates. In line with the guiding principles of the UNICEF Evaluation Policy, the programme will use standards of the United Nations Evaluation Group for evaluations of national programmes and strategies regarding cost-effectiveness, relevance and added value for vulnerable children. Key evaluations will assess the effectiveness of youth-friendly health services, the child injuries prevention system and the early childhood development and better parenting initiatives.

Annex

Results and resources framework

Belarus-UNICEF country programme of cooperation, 2016-2020

Convention on the Rights of the Child articles: 6, 12, 14 (2), 15, 18, 19, 23, 24, 26 (1), 27, 28, 29, 33, 37, 39, 40, 42

National priorities: National Strategy of Sustainable Socio-Economic Development until 2030, National Plan of Action on the Improvement of the Situation of Children and Protection of their Rights for 2012-2016, the 2016-2020 National Action Plan on Ensuring Gender Equality, the 2016-2020 State Programme on HIV Prevention, and the 2014-2018 Inter-sectoral Plan on Child Injuries Prevention.

Sustainable Development Goals:[33]

Ensure healthy lives and promote well-being for all at all ages
Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
Achieve gender equality and empower all women and girls
Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

United Nations Development Assistance Framework (UNDAF) outcomes involving UNICEF:
By 2020, effective partnerships are strengthened between the state, civil society and private sector that ensure reconciliation of their interests
By 2020, state institutions have enhanced capacity for responsive, accountable and transparent governance to enable citizens to benefit from all human rights in line with international principles and standards
By 2020, key populations will have universal access to integrated services for the prevention, diagnosis, treatment and care of major communicable diseases (HIV, TB)
By 2020, vulnerable groups and the population at large have equal access to quality health, education and social protection services that effectively address their needs
By 2020, the system of ensuring life safety of children and adults is significantly enhanced

Outcome indicators:
Proportion of HIV-infected children born to HIV-infected mothers
Proportion of young men and women (aged 14–18), including adolescents from risk groups, using youth-friendly health centre services
Number of pregnancies (live births and abortions) per 1,000 women aged 15-19
Ratio of children without parental support who have been placed in institutions to those placed in family care
Mortality among children aged 0-17 from external causes (per 100,000 child population)

[33] Sustainable Development Goals and targets available at http://sustainabledevelopment.un.org/focussdgs.html.

Related UNICEF Strategic Plan outcome(s):
Improved/equitable use of high-impact maternal and child health interventions from pregnancy to adolescence and promotion of healthy behaviours
Improved and equitable use of proven HIV prevention and treatment interventions by children, pregnant women and adolescents
Improved learning outcomes, equitable inclusive education
Improved/equitable prevention of and response to violence, abuse, exploitation and neglect of children
Improved policy environment and systems for disadvantaged/excluded children, guided by improved knowledge/data

UNICEF outcomes	Key progress indicators, baselines and targets	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome		
					RR	*OR*	*Total*
By 2020 families' resilience and coping mechanisms are strengthened and parents know about the importance of the early years	% of children U3 with access to early education services in urban and rural areas **Baseline**: 41/19% (2014) **Target:** 50/30% (2020) % of mothers and fathers of young children (0-6) practicing responsible parenting **Baseline**: TBD (2016) **Target:** TBD % of children U3 without parental care who have been placed in residential care **Baseline:** 41.6% (2014) **Target:** 20.0% (2020) % of cases of violence against children that are annually reported **Baseline**: only investigated crimes against children — 7,043 (2014) **Target**: 100% (2020)	Ministry of Education (MoE) data Survey MoE data Ministry of Interior (MoI), MoE data	By 2020: National Early Childhood Development Strategy and Action plan operational Normative framework of home visiting system improved; Gate-keeping mechanism in place to prevent children, particularly U3, from institutionalization; Local support mechanism exists to provide child-friendly services to survivors or witnesses of violence; Monitoring system exists for utilization of education, health and social protection services by low-income families with children	Parliament, MoE, Ministry of Health, MoI, Ministry of Labour and Social Protection, Ministry of Information, Belstat, local governments, civil society organizations, United Nations agencies	1 210	1 000	2 210

By 2020 all children with disabilities (CWD) and special needs and their families receive adequate quality integrated services	% of districts with health care facilities providing standard early intervention services to children U3 with special needs **Baseline:** 28.8% (2012) **Target:** 70% (2020) Coverage of CWD with inclusive education (UNDAF) **Baseline:** 70% of CWD enrolled in regular preschools and schools (2014) **Target:** 80% (2020) % parents and teachers with positive attitudes to inclusion of CWD in general schools **Baseline:** TBD (2015) **Target:** TBD	MoH data MoE data Evaluation of integrated assistance to children with special needs and disabilities (0-18) (2015)	By 2020: National system of early childhood interventions services is enhanced International Classification of Functioning, Disability and Health integrated into health care system Parents' knowledge on creation of safe living environment enhanced Multi-sectoral unified database on CWD is set up	As in outcome 1 plus Ministry for Emergency	884	1 200	2 084
By 2020 adolescents and young people benefit from improved social policies and systems to reduce risks affecting their health and development, and are empowered for meaningful participation	% of adolescent boys and girls (14-19) practicing safe behaviour **Baseline**: TBD (2016) **Target**: TBD % of convicted juveniles who benefit from restorative alternative measures **Baseline**: 55% (2014) **Target**: 70% (2020) % of cities with institutionalized mechanisms for participation of adolescents in decision-making **Baseline**: 19.5% (2014) **Target**: 50% (2020)	KAP survey on adolescents' healthy life style and safe behaviour (2016, 2019) Supreme Court Reports on the Status of Children in the City	By 2020, Youth-friendly health services certified System of psycho-social rehabilitation for young addicts operational Juvenile justice-friendly procedures in place National and subnational mechanisms established to promote adolescents' civic participation	As in outcome 1 plus Ministry of Justice and Supreme Court	1 233	1 300	2 533

By 2020, the national child rights monitoring system better serves knowledge and evidence generation, specifically on child vulnerabilities, for decision-making, and reporting and advocacy related to the Convention on the Rights of the Child	% of 2011 Committee on the Rights of the Child (CRC) concluding observations implemented **Baseline:** 50% (2014) **Target:** at least 70% (2017) # of public engagements (Parliament hearings, businesses that have adopted corporate social responsibility [CSR] principles, media coverage) on key child rights issues **Baseline:** 1 (2014) (Parliament hearing); 0 (# of businesses that have adopted CSR principles); TBD media coverage (2015) **Target:** 3 (2020); 30 (2020); and TBD	CRC Report (2017) Reports from relevant bodies/media	By 2020: Universal data-portal on child-related statistics in line with international standards in place National capacity to reveal and monitor bottlenecks in realization of children's rights strengthened; Child rights agenda is the subject of public discourse; Existing and new partnerships, especially in technologies and social media, contribute to progressive realization of children's rights	As in outcome 1 plus Ministry of Foreign Affairs	1 138	500	1 638